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HINTS IN ETHICS AND HYGIENE.

AN ABSTRACT OF THE ANNUAL ADDRESS BEFORE THE MASSACHUSETTS
MEDICAL SOCIETY, JUNE 12, 1878.

BY FRANCIS MINOT, M. D.

MR. PRESIDENT AND FELLOWS OF THE MASSACHUSETTS MEDICAL SOCIETY, — In addressing an audience whose lives are mainly spent in efforts to relieve human suffering, to save and prolong life, and to prevent disease, it seems hardly necessary to allude to the importance of the medical profession to the public. With some pride we can claim that the Massachusetts Medical Society has ever been as active in promoting the welfare of the community as in furthering the interests of its own Fellows. From its foundation it has maintained the importance of a sound medical education, of disseminating a knowledge of the laws of hygiene and of pointing out their practical application, and of denouncing everything which tends to degrade public as well as private morality. Every great undertaking in this State for the prevention of disease and for the preservation of health either originated with Fellows of this society or was mainly indebted to them for its accomplishment. The discovery of vaccination was hardly made by Jenner, in 1796, before the practice was introduced into this country by two Fellows of this society, — Benjamin Waterhouse, of Cambridge, and James Jackson, of Boston. The successful demonstration of the anæsthetic properties of sulphuric ether, but little if at all inferior to vaccination in its beneficent effects on our race, was also made under the auspices of Fellows of this society. The valuable series of reports of the Massachusetts State Board of Health, which have done so much to awaken public interest in sanitary matters, and to expose the sources of disease in our commonwealth, have been, likewise, in great part composed by our members. It is a matter of congratulation that as it approaches its centennial anniversary the society was never more active in promoting the great objects of the profession, and never animated by a more harmonious spirit, than at the present moment.

It is useful, from time to time, to take a general survey of our position, in order to see in what way our efforts may be profitably directed

for the advancement of medical science and for the promotion of human welfare. We shall thus be enabled to detect such deficiencies as may exist, and to discover the paths which lead to farther progress. The brief time at my disposal will allow me only to glance at a few important topics, and I will first call your attention to the subject of medical education.

Fifty years ago there was, properly speaking, no such thing as medical education, in the sense in which we now understand it. Medicine as an art consisted mainly in the treatment of disease by what were considered specifics. A knowledge of this art was obtained by observing the practice of those who possessed some experience in the management of the sick, by reading the few medical books that were at that time attainable (mostly theoretical), and, in fortunate instances, by attending a short course of lectures on anatomy and surgery, midwifery, and theory and practice. The idea of studying the natural history of disease had not occurred to any one. Disease was not looked upon as a perversion of health, but as a separate entity, a parasite, living at the expense of the body, from which it must be expelled, if need be, *vi et armis*. Neither physiology nor pathology was known. Chemistry was in a rudimentary condition. Hygiene had not been born. Therapeutics consisted in the administration of drugs, sometimes inert but often violent in their action, and preceded in the majority of cases by the lancet. After receiving his license to practice, the physician had to depend in great part upon his own experience for improvement in the knowledge of his art. Medical societies and journals, by which new views and new discoveries are presented to the profession for examination and discussion, and to which the advancement of medical science is so much indebted, were available to few practitioners at that time. Hence his experience demanded almost a life-time before he could acquire the confidence of the public and earn his own living.

Although medical education has made great progress since that time, especially within the last few years, there remains still much to be done. Yet in one respect the Harvard School stands alone, so far as I know: it is the only institution in this country in which the science and art of medicine are taught methodically, beginning with first principles and ascending gradually to higher branches, the student being required to pass a written examination at regular intervals before he can advance any farther in the course. The advantages of this method of instruction being as obvious in the teaching of medicine as in that of any other study, it is surprising that it should not have been sooner adopted in this country. The experiment has been fully successful, as shown in the increasing number of students and the superior attainments of the graduates. An examination in languages and natural philosophy is also required of applicants for admission who are not graduates of a

college. This is hardly a less important step in the right direction than the other, and cannot fail to have a favorable influence in elevating the character of the profession in our State. The rapid progress of medical science makes it imperative for students to be well prepared in general acquirements before entering on their professional course. The result will be an improvement in the class of applicants, and the graduation of men of a superior quality. It is true, there have been eminent physicians who received but little preliminary education before commencing the study of their profession, but these were men of unusual abilities, who were able to supply the deficiencies of their early training by superior powers of acquisition. They are exceptions to the rule that a sound medical education must be founded upon habits of study and observation, such as can best be acquired in a collegiate course. Although a knowledge of ancient languages is not considered absolutely necessary to the student of medicine, few will deny its great utility as a means of mental discipline. Familiarity with French and German is now indispensable to an accomplished physician, and it is of the utmost importance that a thorough acquaintance should be made with these languages before beginning medical studies, which leave but little time for such extra work.

The period of three years has become too short for the pursuit of all the various branches which are now requisite to a medical education, yet some important ones are too much neglected in our course. A large amount of the practice of the average physician is concerned with the diseases of women and children. The time cannot be far distant when it will become necessary to make these subjects prominent features in our curriculum. There is no clinical instruction in mental diseases, which seem to be on the increase in our community as well as in other countries. It is strange, considering the large amount of material in the public institutions of this city and its neighborhood, that there is as yet no disposition to make it available for this purpose. Another great want in our school is clinical teaching in obstetrics; so far we are obliged to depend on the opportunities afforded by dispensary practice, aided by the limited resources of the Boston Lying-In Hospital. A liberal endowment to this useful institution, with the liberty of using it for the purposes of teaching this branch of medicine, would be a great advantage to the school and a blessing to suffering humanity. It is but justice to say that, owing to the untiring zeal and industry of the instructors and assistant teachers of the school, these deficiencies are less felt than would seem possible. It is obvious that such an increase in the number of medical studies as I have indicated will require a longer time for its accomplishment than is now at our disposal, and that an extension of the course to a period of four years is only a matter of time.

In consequence of the development of nearly all the departments of study and the introduction of new ones the school has outgrown the Medical College in North Grove Street, and it has become necessary to transfer some of its laboratories to a neighboring building. Even with this relief, however, a pressing want of accommodation is still felt, and moreover the plan and construction of the edifice are ill adapted to the purpose for which it was designed. This inconvenience finally became so great that in 1874 an effort was made to raise a sum of money for erecting a building which should enable the school to carry out its projected improvements, and to insure the safety of its precious museum, which is now exposed to risk from fire. A liberal response was made to this appeal, a sufficient amount having been subscribed to warrant at least the beginning of an edifice which would answer the requirements of the school as soon as a suitable site should be found, a matter of greater difficulty than was anticipated.

The admission of women as students in the medical department of Harvard University has more than once been brought to the attention of the corporation, who have hitherto declined to grant this privilege, chiefly on the ground of the increased expense which the innovation would entail, and which there was no means of defraying. Recently a considerable sum of money has been offered to the university for the use of the department on the condition that female students be admitted on an equal footing with those of the other sex. The amount thus tendered is not considered sufficient for the necessary outlay which must be made in order to carry this proposal into effect, but there can be hardly any doubt that enough money would be forthcoming from the friends of female medical education if it should be considered advisable to try the experiment. The matter is now in the hands of the overseers of the university, and probably some months will elapse before the question will be definitely settled. It may be asked what advantage there would be in admitting female students to the Harvard Medical School. The answer is that a considerable number of women are graduated every year at inferior schools, to the disadvantage of the profession as well as of the community. If we are to have female physicians, they should at least be well educated.

The question of the admission of women to fellowship in the Massachusetts Medical Society has already come before the councilors in previous years, who have decided against them. Should Harvard admit them to the school, and give them the degree of doctor of medicine on examination, a fresh appeal will undoubtedly be made, and, if I read aright the signs of the times, with ultimate success. The prestige of M. D. from Harvard, together with the pressure of public opinion now beginning to permeate the medical profession, would probably enable them to overcome the barriers which have hitherto opposed them,

though the number who would be able to pass the examination required for admission is at present probably limited.

How far women are likely to succeed as practitioners is a question which can only be answered hereafter. In most large cities there are a few who have deservedly achieved eminence. Perhaps the limited proportion of these may be accounted for by the difficulty of getting a good education, but I am of the opinion that the number of competent female physicians will always be small. A few gifted women will be able to maintain a high position in medicine in competition with the intellectual and physical vigor of the male sex. The majority, in my belief, will devote themselves chiefly to the obstetric art and the diseases of children among the middle and poorer classes. They will be inadequately remunerated for their toil, and in dangerous emergencies and discouraging situations will be compelled to seek the assistance of male practitioners. Yet there are multitudes of women with scanty means of subsistence who would gladly accept this lot, and we ought to be ready to aid them in obtaining such a professional training and such professional sympathy as shall make them competent to their duties, and enable them to supplant the ignorant charlatans who, under the guise of female physicians, lend themselves to the vilest criminal practices, and are a curse to the people.

The subject of public health offers many topics which are specially appropriate for an occasion like this. I can mention only a few points of much importance to the public welfare, which ought to attract the attention of Fellows of the society.

The law concerning death certificates is defective, and requires amendment in order to prevent fraud and crime. The object for which these certificates are required is twofold: first, for the purpose of preventing secret burials in cases of death from violent causes or under suspicious circumstances; secondly, to secure trustworthy statistics in relation to the prevalence, the causes, and the mortality of diseases. The General Statutes of Massachusetts require that before a body can be buried in any city or town, or be carried beyond its limits, a certificate of death must be handed to the proper authorities, signed by the physician who attended the deceased during his last illness. By a decision of the superior court the word "physician" has been determined to mean any one who pretends to treat disease as a doctor. Hence it is obvious that the authorities are obliged to receive any certificate that may be offered unless they have good reason for believing that it was issued for the purpose of concealing violence or crime, in which case they may call upon the medical examiner to investigate the case. In Boston, for instance, certificates signed by men, and also women, whose names are not to be found in the city directory, some of them obliged to make their mark because they cannot write, are re-

ceived equally with those from the most eminent practitioners, and these same certificates form part of the *reliable* statistics annually published and quoted by writers on sanitary science.¹

It is thus easy to see that, until the word "physician" receives some other interpretation, the present statute in no way acts as a safeguard against the immediate burial of bodies which may have died from the effects of criminal abortion, for instance, or have in other ways been foully dealt with. The difficulties in the way of amendment are obvious. It is hard to define the word "physician" legally, since the law does not recognize as such, exclusively, what we consider to be a "regular" physician, while a certain proportion of the community look upon a class of practitioners whom we call "irregular" as of the highest authority. Since accuracy in certifying to the cause of death has no concern with the treatment of disease, would it not, in view of the great importance of correctness in the returns, be feasible for a committee composed of "regular" physicians, homœopaths, and eclectics to agree upon a legal definition which should be submitted to the legislature for approval and adoption?

The law regarding intramural interments requires modification. Burials now usually take place in cemeteries situated in outlying districts, near large cities. The result is that churchyards in the crowded parts of cities are neglected; the tombs become out of repair and often dangerous, and the ownership of many is unknown. To keep them in repair requires a constant outlay at public expense, and special police officers are needed to guard them from invasion. Of the seventeen cemeteries and burial-places under the charge of the Board of Health in Boston, five are situated in the densely populated sections of the city. Notwithstanding the unsuitableness of the localities and the general condition of the tombs, burials are still taking place. The same trouble is encountered by the local boards of health in all the large and growing cities of the commonwealth. Recognizing the necessity for some action looking towards a remedy for the evil, the legislature of 1877 passed an act by which the city council of any city could, if deemed necessary, forbid farther interments in tombs within its limits. The law, however, is strictly inoperative, since it directs a method of procedure which is impossible for the attainment of the desired relief. It provides that the board of health shall first notify the city council that

¹ Thus, among the causes of disease were actually returned, "Old, age, duration, six hours." "Cholera infantum, age of deceased, seventy-three." "Canker humer." "Canker & spasms." "Canther of the bowels." "This certifies that A beby boy died on the born day of Febberiy, 1876;" cause of death, "Born." Signed, Mary X Riley. A girl is her
mark
said to have died of "fright, one half hour duration." A boy is returned as "still-born; of three minutes duration." A woman, twenty-six years of age, died of "com sum som," etc., etc.

such tomb or tombs are a nuisance. After three months the city council, having first notified all the proprietors (more than half of them in Boston are unknown), must give a public hearing. If the nuisance be proved the council can pass an order forbidding farther interments, but the owners can then, within six months, go before a jury for damages. As the proprietors cannot be notified, being mostly unknown, no action under the present law can ever be taken except in regard to a few tombs, and these the very ones against which there are the least grounds of complaint. The law should be so altered that, as in the case of nuisances coming within the jurisdiction of the State Board of Health, when the board deems such action as the closure of a cemetery necessary it should have the power to do it, after a public hearing, of which due notice shall have been given in the local newspapers.

Within the last few years "private lying-in hospitals," so called, have been established in the larger cities of the commonwealth, in which women are confined at various periods of pregnancy, and the number of still-births and of deaths from peritonitis, metritis, etc., has been large. In view of the probable character of these places the legislature, in 1876, passed a law allowing the mayor and aldermen of cities and the selectmen of towns to license such persons as should be approved by the local boards of health to keep lying-in hospitals, such places to be visited as often as should be thought best by the health officers, and no other establishments were allowed to take in women to be confined. The statute, however, is virtually a dead letter, for the reason that the officers of the boards of health cannot enter a suspected house without being liable to an action for trespass, although their suspicions may rest on an advertisement in a daily newspaper.

Until recently the business of "baby farming," or taking infants to board, has been carried on to a considerable extent in Boston, and doubtless in all the large cities of the State. The numerous deaths annually returned from certain houses in this city attracted the attention of those interested in hygiene, and through their efforts the legislature in 1876 passed a law requiring all persons who took to board more than two infants under three years of age to register their names and addresses, together with the names and ages of all babies thus received, with the board of health. The officers of the board have full power to inspect and to enforce such sanitary measures as they may deem advisable. This law has, however, the same defect as that in relation to lying-in hospitals. No matter how strong the suspicion, these places cannot be visited without the examiner being liable to a prosecution for trespass. Only two persons pursuing this business are at present registered at the office of the Boston Board of Health, a fact which shows to what extent the law is enforced.

Notwithstanding the valuable reports on subjects of public hygiene

which are annually issued by the State Board of Health, I will venture to make a few suggestions on certain topics which I think are not sufficiently considered, even by medical men. One of these is the defective sanitary condition of dwelling-houses, which does so much to hinder the physical development of our people. I do not now allude to the injurious consequences resulting from the entrance of foul gas from sewers, though most of us have had experience enough of the dangers of this evil; but I would call your attention to the condition of the air in our houses as affected by the modes of warming now generally in use. On account of the economy of hot air or steam furnaces, they are universally employed, often supplanting open fires. In many cases the fire-places are even bricked up. The objections to furnaces are, first, that the warmth being applied by conduction instead of radiation the temperature of the air, which is a poor conductor, must be raised much higher than when direct radiation from an open fire is employed. The temperature of a furnace-heated room is rarely below seventy degrees F. at the height of six feet from the floor; hence the air supplied for respiration must be considerably rarefied and the proportion of its oxygen diminished. Secondly, the tendency of hot air to ascend renders the temperature of the upper strata higher than that of the lower, so that our heads are made hotter than our feet, the effect of which is seen in the drowsiness which overpowers us in a room warmed by a furnace. Thirdly, the ventilation is defective, there being no free exit for the contaminated air. Fourthly, as was pointed out by the late Dr. George Derby, poisonous gases from the coal used as fuel are apt to find their way into the rooms. As for the steam furnace, with radiators in the rooms, it is the worst possible contrivance for warming dwellings; unless used in combination with open fires there is absolutely no ventilation. Even the long-suffering American citizen can hardly endure the asphyxiation caused by this machine, which has become deservedly unpopular. I regret to see it announced that in a building recently fitted for the occupation of students in one of our oldest and best academies the rooms are heated by steam. The effects of furnace heat are chiefly seen in the sensitiveness to cold which those who are subjected to it exhibit, especially if confined much to the house. They often complain of chilliness while the thermometer indicates a temperature of over seventy degrees. Exposure to weather only moderately cold is apt to cause inflammatory and other diseases in these persons. Children who are reared in such an atmosphere become tender, and are specially subject to catarrh, bronchitis, and pneumonia from contact with the outer air. In a moral point of view the absence of the open fire is a great misfortune. There is no longer a family hearth. In cold weather the household must huddle around a "register" to seek comfort from the heated and rarefied air issuing from it, but there are none of the

delightful associations and of the attractiveness of the blaze of an open fire, which contributes so much to sociability, cheerfulness, and good feeling.

It is only of late years that the important subject of school hygiene has received among us the attention it deserves. Although we have advanced beyond the wretched sanitary arrangements of former generations, the admirable papers of Dr. Winsor and Dr. Lincoln in the reports of the State Board of Health for 1874 and 1878 show that there is yet much to be done. In some respects our school-rooms are actually inferior to those of fifty years ago, when open fires were common, owing to the cheapness of fire-wood, and the "Franklin," with its powerful radiation and its wide chimney, served not only for warming but also for ventilation, now poorly compensated by the furnace, pouring forth heated and rarefied air, sometimes mixed with noxious gases, for our children to breathe, and causing them to complain of flushing of the face, headache, and drowsiness. This effect is especially seen in our private schools for girls, most of which are in dwellings constructed without any design for such use, where from twenty to forty children occupy for several hours rooms originally intended for a single family. An open fire, if possible burning wood, or in lieu of that cannel-coal, should always be kept burning in such rooms during school hours. I am glad to say that there are some exceptions to this state of things, in Boston at least, the rooms being ventilated with open fires.

I am of the opinion that the hours of attendance, both in private and public schools, are longer than can be safely endured by most children. In cities and large towns it is becoming common to have a single session lasting five hours. Dr. Reynolds has pointed out the evils of this system. Both mind and body are wearied by the confinement and close application for so many hours, and the short intermission is insufficient for relaxation. Children cannot safely go so long a time without proper food, the lunches which they take with them being often unwholesome and eaten with haste. The old plan of morning and afternoon school, with time enough between them for the children to go home and dine as well as play, was a salutary arrangement. The long summer vacation which the pupils of most schools in cities and large towns enjoy is an evil of considerable magnitude. Nearly one fourth of the year is thus disposed of, and but few other holidays can be afforded. I do not complain so much of the amount of vacation as that it should be unequally distributed. More frequent recesses, of from one to two weeks each, made at the expense of the summer vacation, would prevent the injurious effects of too incessant labor; but the modern customs of society, exacting an exodus from home early in summer, would seem to render this impossible.

The excessive mental stimulation and overwork without sufficient re-

laxation shows itself in what is sometimes called "nervous asthenia," a condition seen in adolescents and young adults, especially females, which threatens to undermine seriously the health of future generations. Another result of the neglect of the laws of hygiene is the formidable danger to the eyesight incurred by our school children. The subject has been brought before the profession and the public with much earnestness by Professor Williams, Dr. Derby, Dr. Jeffries, and others, who have called attention to the alarming increase of near-sightedness among school children and students in academies and colleges.¹ As the disease is progressive, and in some cases leads to structural disorder and total loss of sight, it becomes important that physicians should warn teachers and parents of the danger in season to prevent the evil which cannot be cured when it has once become established. Studies out of school should be brief, if allowed at all, and no evening work should be permitted which causes fatigue to the eyes. The pupil's desk and the direction of the light should be arranged with special reference to preventing congestion of the eyes and fatigue of the muscles of accommodation.

I may venture to hint that even in this enlightened day some improvement is still needed in our methods of dealing with disease. We are too much given to routine practice; too prone to treat the disease rather than the patient; too forgetful of the great doctrine of the self-limitation of disease, promulgated by the venerable Dr. Bigelow. New remedies are from time to time discovered, some of them of undoubted utility, such as salicylic acid, carbolic acid, chloral, jaborandi, and others; but the number of these is not large, and in proportion as our acquaintance with the natural course of a disease increases, our belief in the specific effects of drugs should diminish. Yet we are still apt to regard the sudden amendment in pneumonia, which in uncomplicated cases is the natural course of that malady, as the result of some specific remedy or mode of treatment. To test the value of a drug requires much patience, close observation, and a mind able to discriminate between effect and mere sequence. Inaccuracy of observation and hasty generalization have done much to retard the progress of therapeutics. There is an instinctive desire to try the effect of something new, and we are apt to be misled by the enthusiasm of experimenters. Samples of drugs which interested spectators hope to push into the market are distributed broadcast to physicians. Instead of a dispenser of medicines, the "pharmacist," as he is now styled, has become a dealer in

¹ See Near-Sightedness and School-Houses, by B. Joy Jeffries, M. D., Boston Medical and Surgical Journal, May 14, 1874. Serious Pathological Changes in Myopic Eyes, by H. W. Williams, M. D., *ibid.*, October 29, 1874. The Origin and Causes of Near-Sightedness, etc., by the same, *ibid.*, December 21, 1876. A Report on the Percentage of Near-Sight found to exist in the Class of 1880 at Harvard College, with some Account of Similar Investigations, by Hasket Derby, M. D., *ibid.*, March 22, 1877.

fancy preparations, in most of which the only article of value is in too small proportion to be efficient. Some scores of preparations of a drug are offered to us, while all its virtues can be obtained from two or three. What advantage does an "elixir of wine, beef, and iron" possess over any simple form of iron, with alcoholic stimulants and beef tea at discretion? A physician of large experience and sound judgment generally employs but few remedies, and those in simple combinations. While he is ready to adopt new ones which are recommended by good authority, he does so with due caution and with a conscientious regard to the welfare of his patient.

Medical periodical literature is an important topic of consideration in any general survey of the profession. So rapid is the growth of medical science that the old-fashioned quarterlies are unable to supply us fast enough with the discoveries and improvements which are constantly made, and have given place to monthlies, bi-weeklies, and weeklies. A noted feature in most journals is a department devoted to the most "recent advances" in the different branches of medicine. No physician can do justice to his patients who is not a reader of medical journals; he must otherwise soon fall short of the average knowledge of practitioners. In order that a journal should succeed it must receive the support of the profession. Few are aware of the expense and labor necessary to maintain a medical periodical, or the small amount of profit derived from it. For the editors and collaborators it is really so much out of pocket in return for the valuable amount of time they devote to it. This society is under great obligations to an association of Fellows who undertook the risk of purchasing the Boston Medical and Surgical Journal, in order to raise it to a higher grade of usefulness by supplying the profession with a record of scientific progress and with original and practical articles on medical subjects, and it is not an unreasonable demand that every Fellow of the society should, by subscribing to it, contribute to its support.

Before closing these desultory remarks I desire to call the attention of the profession to the subject of provision for those of our brethren who by reason of sickness, age, or other inability are deprived of the means of support, as well as for the widows and children of medical men who are left more or less destitute. It is notorious that physicians seldom make more than a living from their calling. A few specialists have large incomes, but this is not the case with the rank and file. As a rule, we cannot begin to lay up anything before we have passed the meridian of life, when the increasing amount of labor, with diminished strength, renders the tenure of the remaining portion precarious. There is no profession in which so much gratuitous work is done as in ours. Besides the services rendered in dispensary and hospital practice, which are to some extent recompensed by the opportunities they

afford for study and experience, a large amount of professional advice and labor is freely bestowed upon patients of a better class who can pay little or nothing for it. Hence medical men and their families who through misfortune are deprived of the means of support should especially become the objects of benevolence. The Massachusetts Medical Benevolent Society was established more than twenty years ago for the purpose of aiding those of our profession and their families who are in need of pecuniary assistance. I regret to say that it has not as yet attracted as much notice from the benevolent as it deserves. Its funds are barely sufficient to pay to a few beneficiaries the sum of sixty dollars each, yearly, with an occasional extra amount in urgent cases. Small as this relief is, it is thankfully accepted by those who are able to obtain it. Any addition to the permanent fund of this society would extend its usefulness by relieving a most worthy class of sufferers.

THE METRIC SYSTEM IN A NUTSHELL.

BY EDWARD WIGGLESWORTH, M. D.

"Universality, Uniformity, Precision, Significance, Brevity, and Completeness." "A system of weights and measures born of philosophy rather than of chance." — CHARLES SUMNER.

SURGEON-GENERAL WOODWORTH, of the United States Marine Hospital service, has issued a circular, with the approval of Secretary Sherman, requiring medical officers of the Marine Hospital service to make use hereafter, for all official, medical, and pharmaceutical purposes, of the metric system of weights and measures, which had previously, under the act of July 28, 1866, been adopted by this service for the purveying of medical supplies.¹

The metric system is already *legalized* in both America and England. The only question now is, Which of the two, the most progressive or the most conservative nation on earth, shall be the first definitely and finally to adopt it as an exclusive system? (N. B. England was four hundred years behind the Continent in adopting our present arithmetic.) Russia has already taken the preliminary steps towards its final introduction. The rest of the civilized world long since made the system obligatory, in whole or in part, except Sweden alone, where its obligatory use is to date from a period in the future, — 1889.

Now what is this metric system?

Metric is from the Greek word *metron*, a measure, spelled with *epsilon*, *e* short, and therefore pronounced mēt-ric.

The meter (measure) is practically a fixed quantity, namely, the ten millionth part of the earth's quadrant from the equator to the north pole. With the meter everything can be measured, for it is itself the unit of length; a cube, the edge of which is the tenth of a meter, is the unit

¹ JOURNAL, May 16, 1878, page 646.

of capacity (liter); and the weight of a cube of rain-water at its extreme contraction, the edge of which cube is a hundredth of a meter, is the unit of weight (gram).

It is the gram alone which concerns physicians, for in the metric system *everything is best prescribed and dispensed by weight alone*; numbers upon a prescription paper being regarded by the pharmacist as representing grams, unless the contrary is expressly stated. The fractions are always decimal.

The table is easily learned. It consists of six words as prefixes, whether we deal with grams, liters, or meters. These are: deci- for tenth, centi- for hundredth, milli- for thousandth; deka- for ten, hekto- for hundred, kilo- for thousand. Having these few words, the terms of troy, avoirdupois, and apothecaries' weight, and of liquid measures, may be relegated to the limbo of pounds sterling, shillings, fourpence-halfpennies, and farthings. As we say dime, cent, mill, so we say decigram, centigram, milligram. These prefixes are Latin, and *diminish* the value. Dekka-, hekto-, and kilo- are Greek, and *increase* the value. The mnemonic is GILD, that is, Greek Increases, Latin Decreases. Dekka occurs in the English word decade, hekto in hectomb, kilo in chiliad.

"Being accustomed to the words mill, cent, and dime, we shall find the words 'milligram,' 'centigram,' and 'decigram' quite as simple and easy to pronounce as our words 'pennyweight troy,' 'hundredweight avoirdupois,' 'scruple apothecaries,' etc., notwithstanding the assertion to the contrary of those who grieve to give up the 'short and sharp Anglo-Saxon words used in our present *familiar* old tables' of weights and measures."

Practically, moreover, for physicians the whole system is reduced to grams and centigrams, just as in money to dollars and cents. On the right side of the prescription paper draw a perpendicular line from top to bottom. This decimal *line* takes the place of all the decimal *points*, and obviates the possibility of mistakes. This is the way dollars and cents are separated on business papers. Additional security is gained by writing the decimal fraction (centigrams) of half size and raised above the line (of grams), since it represents a numerator of which the denominator — 100 — is omitted. This too is a plan which is in vogue in State Street. To make assurance doubly sure, "grams" may also be written over the integer column of figures, and, if wished, the word "decimals" over the decimal column.

Now what is a gram? or rather, what are the values, metrically expressed, of our present awkward weights?

	Prussian.	Practical.	Precise.
Grain i. =	0.06	0.06.	0.065
ʒi. =	1.25	1.25	1.29
ʒi. =	3.75	4.0	3.89
ʒi. =	30.0	32.0	31.1

The "practical" table alone concerns us. The "Prussian" (by order of the Prussian ministry, August 29, 1867) is given merely to show that our table is even nearer the actual truth than one which has been proved by actual experience to answer every purpose. The values of the grain and scruple are a little too small. As they are used for powerful drugs this is an error in the right direction. The values of the drachm and ounce are a trifle too large, but the proportions are retained; therefore the ratio of drug to vehicle is also adhered to.

A prescription written metrically is always proportionate, and whether the pharmacist uses pennyweights, pounds, or tons; gills, pecks, or chaldrons; pints, gallons, or hogsheads, the ratios are preserved, and a teaspoonful dose contains the same amount of medicine.

As regards administration; a teaspoonful represents five grams, a tablespoonful twenty grams; for a teaspoon holds one and one third fluid drachms, a tablespoon a trifle more than four times as much.

In the metric system *everything is weighed*, thus obviating the difficulties of evaporation, refraction, and adhesion, and obtaining, more conveniently, more exact results. In our old "systemless system" some fluids were measured. How shall we obtain with weights the desired bulk of fluids with varying weights? Must we learn the weights (specific gravities) of all fluids?

Not at all!

(1.) Fixed oils, honey, liquid acids, and chloroform must at present be prescribed in our old weights, not measures, according to the Pharmacopœia. Here change old weights to metric ones.

(2.) Not enough chloroform or ether is included in any one prescription to admit of harm arising from the amount contained in a single dose, even were their weights regarded as the same with that of water. Moreover, it is not difficult to remember that ether weighs seven tenths as much as water, chloroform twice as much as ether.

(3.) There remain infusions and tinctures, glycerines and syrups. These four are used in bulk as doses, or as solvents or vehicles. The two former may be regarded as identical in weight with water; the two latter as one third heavier, and when prescribing these we need merely write, by weight, for four thirds as much as we should write for were we prescribing water, and we obtain an equal bulk. The teaspoon or tablespoon dose will then contain the desired amount of the drugs employed.

Or, simplest of all, we can make any mixture up to any desired bulk by merely directing the druggist to use enough of the vehicle to bring the whole mixture up to the requisite weight for that bulk.

The Metric Bureau, 32 Hawley Street, will furnish metric prescription blanks to order, to druggists or physicians, at four fifths the printer's rates.

Old Style.		Metric.	
m i. or gr. i. equals	.	Gms.	06
f3i. or 3i. equals	.	4	
f3i. or 3i. equals	.	32	

N. B. The decimal line, instead of points, makes errors impossible. C. C. used for gms. causes an error of five per cent. (excess). A teaspoon is five grams; a tablespoon, twenty grams.

RECENT PROGRESS IN DERMATOLOGY.

BY JAMES C. WHITE, M. D.

The Proportion of Red Corpuscles in the Blood in Skin Diseases. — Dr. Thin read a paper¹ before the Royal Medical and Chirurgical Society, in which he gave the results of investigations he had made into the condition of the blood in certain affections of the skin. The red corpuscles were counted after the method introduced by Malassez in several cases of psoriasis, in eczemas, and in pemphigus, acne, and prurigo, patients being chosen in whom there was no reason to believe that the condition of the blood was affected by treatment or the existence of other maladies. It was shown that in none of these diseases was there any noticeable diminution of the corpuscles. Dr. Thin stated that it was too much the fashion to assume a profound blood condition in diseases of the skin without any grounds for the assumption, and his observations only showed that in one respect at least the blood was not modified.

Malaria in Dermatology. — Dr. Yandell, of Louisville, publishes² in connection with his paper, Malaria and Struma in their Relation to the *Ætiology of Skin Diseases*, read before the American Dermatological Association, additional remarks in reply to the criticisms made by members at that time. He reiterates the theory already briefly noticed in these reports: that "malaria is the chief source of acute skin disease," and that "scrofula is the chief source of chronic skin disease." When he has answered the questions there proposed³ we shall be able better to determine what relations skin diseases in general bear to malaria, but at present none have been demonstrated. With regard to his statement that malaria does exist in Boston in spite of the negative testimony offered by resident physicians, our readers can judge. Dr. Yandell would not so restrict the influence of malaria, for "what is true of dermatology," he says, "is equally true of gynecology and ophthalmology and otology, and it is just as true of the diseases of all the other regions of the body."

The Pathology of Seborrhæa. — Dr. Van Harlingen, of Philadel-

¹ The Medical Press, January 30, 1878.

² American Practitioner, January, 1878.

³ See JOURNAL, December 7, 1876.

phia, made a communication, the second on this subject, to the American Dermatological Association, in which¹ he presents the results derived from his observations in the following form: (1.) The sebaceous secretion is derived from the fatty metamorphosis of the enchyma cells of the sebaceous glands. These cells are homologous with those of the stratum mucosum of the skin. They have nothing in common with the cells of the horny layer. (2.) Seborrhœa is a disease of the sebaceous glands, characterized by the pouring out of an increased quantity of sebum, more or less altered in chemical and physical composition. In comedo and seborrhœa sicca, properly so called, the secretion is condensed to a fatty consistency, while in seborrhœa oleosa it remains in an oily state. In each of these affections, however, microscopic examination shows epithelial cells in a state of more or less complete fatty degeneration, and breaking down into granular *débris*. Horny cells are found only adventitiously. (3.) Certain forms of disease, heretofore commonly classed as seborrhœa sicca, should properly be removed from the category of diseases of the sebaceous glands, since the pathological product in these cases is not sebum, but epithelium from the horny layer of the skin. Any sebum which may be present is a mere accompaniment of the epithelial product. For these cases the designation pityriasis or pityriasis simplex would seem appropriate.

Molluscum Contagiosum. — Dr. Fox, of New York, publishes² a very interesting clinical study of this affection, based upon observation of twenty-five cases, an unusually large number to have fallen under the notice of any single observer within a short period. In eighteen of the cases the growths were situated mostly upon the face, and exhibited a tendency to congregate about the eyes and mouth. The chin and neck were more frequently affected than the cheeks or forehead. They were also noticed upon the ears, scalp, and tip of the nose. In one instance the distribution was quite general over the surface of the body. Dr. Fox believes that the disease is much more common among the poorer classes of society than among the wealthy, and his statistics show that it occurs much more frequently in children than among adults. In the eighteen cases above referred to five were infants, eight between the ages of three and ten, and five were older. As to sex, fourteen were females. In the remaining seven cases the growths occurred solely upon the genitals of male adults — growths which he regards as identical with those situated elsewhere. The attention of Dr. Fox was attracted to the frequent coexistence of warts with mollusca in his patients, and subsequent observation led him to the conclusion that such occurrence was too frequent to be accidental. (He finds that in one

¹ Archives of Dermatology, April, 1878.

² Chicago Medical Journal and Examiner, May, 1878. Read before the Niagara meeting of the American Dermatological Association.

hundred boys and one hundred girls examined in the children's clinic of the New York Dispensary twenty-one boys and nine girls, or fifteen per cent., had warts; that in an examination of two hundred adult males in the venereal department twenty-three per cent. were more or less affected.) This question of the coincident occurrence of verrucæ and mollusca is an interesting one, but the ætiology of both is equally blind. As to the contagiousness of the latter Dr. Fox feels warranted in saying that like warts "they appear sometimes to be contagious." In one of his cases several attempts at inoculation were made upon himself and upon the patient by rubbing the expressed contents of the tumors upon the scarified and sound surfaces of the skin, but they were unsuccessful.

Treatment of Rhus Poisoning. — Dr. Brown, United States navy, of Mare Island, Cal., believes¹ that he has discovered in bromine a "specific" cure for the cutaneous inflammation produced by contact with the volatile poison of this family of plants. He states that he has used the remedy in forty cases with the same unvarying success; that the eruption never extends after the first thorough application and promptly begins to diminish, the patient being entirely cured in twenty-four hours if the application be persisted in. He uses the bromine dissolved in olive oil or cosmoline, ten or twenty drops to the ounce, rubbing it gently upon the affected parts three or four times a day, and washing off the oil twice a day with soap. There is no pain attending its use. The bromine is so volatile that it is necessary to prepare the mixture afresh every day. A fair definition of the common phrase "newly discovered specific remedy" would be "something soon forgotten," and the brief reputation of such remedies is generally based upon their supposed action in affections which, like rhus poisoning, are mainly self-limited in their course. California, however, offers abundant opportunity for testing the merit of remedies in this disease, and the position of Dr. Brown warrants a fair trial of his discovery.

Eruption after Cannabis Indica. — Dr. Hyde, of Chicago, reports² an interesting case of universally disseminated vesicular efflorescence appearing the morning after an evening dose of one grain of this drug. The vesicles varied in size from a pin point to a small split pea. It was accompanied by very slight itching, and by no marked dermatitis. The eruption subsided in a few days without bursting, leaving a light desquamative crust of yellowish-red hue.

Impetigo Herpetiformis; its Relations to Pemphigus. — Under this title Hebra has described an affection which he has seen in five cases only, and the striking appearances of which he has figured in a late number of his great Atlas. Dr. Heitzmann, the artist of a large por-

¹ New York Medical Record, April 20, 1878.

² Medical Record, May 11, 1878.

tion of these magnificent portraits of disease, now of New York city, adds the history of an additional case,¹ read at the recent meeting of the American Dermatological Society, which presents, in his opinion, points of interest in the following respects: First, all the cases under Hebra's care occurred in pregnant women; his was first observed during the climacteric years, independent of any disease of the genital organs. Second, the diagnosis impetigo herpetiformis was fully legitimate for the first ten weeks of the disease, as the characteristic groups and circles of pustules could be watched, together with the formation of central excoriations and peripheral new formation of pustules. Third, there was a formation of analogous eruptions on the mucous membrane of the mouth, but which did not differ in appearance from those due to pemphigus. Fourth, the efflorescence later changed its character into that of pemphigus; all the symptoms of the former turning into those of the latter on the skin only, while the eruptions in the mouth diminished with the appearance of the pemphigus-blebs on the body. During the last three months of life no eruptions formed in the mouth at all. Fifth, the cause of neither pemphigus nor impetigo herpetiformis has, Dr. Heitzmann states, ever been elucidated; but his case gives evidence, in his opinion, that both diseases arise from analogous if not identical causes, so that they may be considered kindred to each other.

Treatment of Psoriasis by Chrysophanic Acid. — Squire publishes in a pamphlet² the results of his experiments with this substance, together with many of the articles which have appeared in the London medical journals upon the subject during the past year. The action of goa powder as a parasiticide has long been known, its well-deserved reputation extending from South America to India, and later to England and this country. It is the powdered pith of a Brazilian leguminous tree, and analysis and experiment show its active principle to be chrysophanic acid. Its accidental use in a case of psoriasis led to the full investigation of its action upon the disease by the author, and to the introduction of an additional remedy in the treatment of this obstinate affection which promises to be of great value. If its power against it were even as great as against ringworm, its action in the former would be far more valuable than in the latter affection, because we already have an abundance of parasiticides, but it appears to be even more effective. The great obstacle to extended study of its action with us has been the very limited supply, wholly inadequate to meet the usual demand for all new remedies, in spite of the exorbitant price asked for the stock on hand in this country. Chrysophanic acid, costing a year ago ten shillings an ounce in London, is now quoted by

¹ American Archives of Dermatology, January, 1878.

² London. J. & A. Churchill. 1878.

Squire at three shillings eight pence, and goa powder can be had for even a less sum. The acid is soluble in hot benzole, and is readily taken up by hot lard also, so that it is easily made into an ointment by digesting over a water bath in the lard and subsequently stirring with a pestle in a mortar until cold. The goa powder may be treated in the same way, and, although not as elegant a preparation, will be found nearly as effective. Chrysophanic acid is at times a very active irritant to the skin, so that its use should be guarded in the beginning. From one to two drachms to the ounce will ordinarily be borne by the skin, but as the healthy skin is much more susceptible to its irritant action than the diseased patches, the strength of the preparation must be governed by the reaction of the normal tissues. Indeed, one of the most striking characteristics of its action is the deadened or inactive appearance of the efflorescence by contrast with the dark purplish hue which the surrounding surface assumes under the dyeing influence of the acid. When in addition to such staining the cutaneous tissues are stimulated into the fiery redness of dermatitis under its action, which is not unfrequently the case at first, the pallid lo[...], is still more conspicuous. This dyeing property is one of the obstacles to its use, for not only does it stain the healthy skin, but the clothing also which comes in contact with it, so that old underclothing must be worn while applying it. It will therefore be found impracticable to use it upon parts exposed to view, including the scalp, as the hair as well as the epidermis is stained by it. The rapidity with which the efflorescence in some cases of psoriasis, even those of long standing, disappears under its daily use is surprising, surpassing in this respect the most active agents ever employed locally in its treatment. In a few cases, on the other hand, it seems to be as inactive as do all remedies at times in this incomprehensible disease, so that it has not the merit of infallibility. What relation it is to bear to other remedies in point of surety of action, however, remains to be determined by more extended observation. There is, of course, no ground for assuming that its curative action will be more permanent in effect than that of other "cures."

It may be best employed by rubbing the affected parts with a flannel swab on the end of a stick smeared with the ointment at night, beginning with the strength of a drachm to the ounce gently applied. If no excessive reaction in the surrounding skin is excited, it may be rubbed in more vigorously, be used of greater strength, and applied even twice a day. Should any part become greatly inflamed, its use should be suspended for a few days, or its application may be by night only, while some soothing treatment may be employed locally by day to counteract such overactivity. These manifestations, often causing great alarm to the patient by their threatening, fiery appearance, generally subside with rapidity. In addition to the erythema, œdema, and papular efflo-

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rescence ordinarily produced, Squire notes the occurrence of a furunculoid eruption in a few instances. Besides its well-known action as a parasiticide in *tinea trichophytina*, it seems to possess the same destructive power over *tinea versicolor* and *tinea favosa*, but in all vegetable parasitic affections of the hairy parts its action is as slow as that of other antiparasitic remedies. Accounts are given in the appendix of its effective use in certain figurate forms of chronic eczema, in lichen planus, and in acne juvenilis and rosacea. Few patients could be found, however, who would permit it to be used upon the face.

Applied over large surfaces of the skin, chrysophanic acid produces no constitutional effects, but taken internally in excess it is found to be an emetic purge with the power of evacuating large quantities of bile. From six to ten grains may be taken, however, with but slight action upon the intestinal canal.

Professor Neumann, of Vienna, formulates the results of his use of chrysophanic acid in the following conclusions: ¹ The acid obtained from goa powder is an excellent remedy for the cure of *tinea tonsurans*, *tinea versicolor*, and psoriasis. The early forms of the latter disappear after a few applications only, and do so more quickly and in a far simpler way than under any other hitherto known remedy for the disease. Inveterate forms of the affection also are capable of being subdued by chrysophanic acid, and offer long resistance to it only in exceptional instances. It produces no pain in the affected parts. By its means psoriasis has been removed from the list of affections which torment patients to an excessive degree, and its relapses are easily controlled. In *tinea versicolor* three rubbings with the ointment, in *tinea circinata* from six to eight, are generally sufficient for a cure. Few remedies have been introduced into the therapeutics of skin diseases during late years which have been crowned with such eminent success.

(To be concluded.)

THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES.

THIS association was organized last year at Chicago, and holds its meetings annually on the day previous to the meeting of the American Medical Association. Its objects are the advancement of medical education, the establishment of friendly relations, and a common policy in the management of the leading American colleges. Twenty-five colleges have become members regularly, and one has become an affiliated member. A circular was sent last year to all the regular medical colleges in the United States, asking if they had conformed to the articles of confederation.

Professor Biddle, as chief officer of the association, presided at this meeting, which was held June 3, 1878, at the Buffalo Medical College. There were

¹ Separatabdruck aus der Wiener med. Presse.

representatives in attendance from the Rush Medical College, Jefferson, University of Louisville, University of Nashville and Vanderbilt, University of Iowa, Michigan University, Detroit Medical College, Chicago, Miami, Starling, Louisville, Missouri, Bellevue, Cleveland, and Kansas City College of Physicians and Surgeons. Harvard and the University of Pennsylvania notified the association that they regarded it as unadvisable for them to enter at present. Objection being made to the reception of the Howard University of the District of Columbia, that institution was refused admission. Letters containing suggestions to amend the articles of confederation and by-laws were received from the Bellevue College and the College of Physicians and Surgeons of New York City (medical department of Columbia University); these amendments, under the rule, will be acted upon at the next meeting.

Professor Gross spoke at some length, and offered a series of resolutions calling for a conference of all the medical colleges in the United States to discuss a plan for the elevation of the standard of medical education, and to establish more uniformity in the qualifications for the degree of doctor of medicine. He suggested that the meeting be held during September next, in Washington. Remarks were made by Professors N. S. Davis, Gunn, and others, favoring a longer term of study and a graded course. The resolution was adopted, the time of meeting chosen being the Friday previous to the next meeting of the American Medical Association, and at the same place, Atlanta.

Professor Flint recommended that the tickets and diploma of the Nashville Medical College be not recognized by the members of this association as long as that institution shall continue to give two graduating courses in one year, and accept three years' practice in lieu of a course of lectures.

The following officers were elected for the ensuing year: President, J. B. Biddle, M. D.; vice-president, N. S. Davis, M. D.; secretary and treasurer, Laertes Connor, M. D.

THE ASSOCIATION OF MEDICAL EDITORS.

THE annual meeting was held at the Tift House on Monday evening, June 3, 1878, presided over by Dr. John P. Gray, editor of the *American Journal of Insanity*, who read a very valuable paper, comparing the laws of England and those of the State of New York. In referring to the manner of commitment of the insane to asylums, and the regulations concerning their care, detention, and discharge, he stated that they were essentially the same, and that the chief responsibility must always rest upon the medical profession. Remarks were made by Drs. Davis, Pratt, and White, in which attention was called to the defects in the insanity laws in many of the States, and a protest was made against the system of jury examinations for the determination of insanity.

The following officers were elected for next year: William Brodie, M. D., president; J. F. Mener, M. D., vice-president; F. H. Davis, M. D., secretary.

THE NATIONAL LARYNGOLOGICAL ASSOCIATION.

A NUMBER of specialists in throat affections met by invitation on June 3d, and formed a National Laryngological Association. The first annual meeting will be held in the city of New York, the second Tuesday in June, 1879. The officers are: President, Dr. Louis Elsberg, of New York; vice-president, Dr. F. H. Davis, Chicago; secretary and treasurer, Dr. George M. Lefferts, New York; Council, Drs. Clinton Wagner, New York, William C. Glasgow, St. Louis, E. L. Shurley, Detroit, J. H. Hartman, Baltimore.

TWENTY-NINTH ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

THE twenty-ninth annual meeting of the American Medical Association was convened in the city of Buffalo, New York, Tuesday, June 4, 1878, and remained in session four days. The attendance of delegates, permanent members, and members by invitation was large; the meetings and discussions were interesting, and happily were not marred by any occurrence tending to disturb the general harmony and good feeling. The entire number of delegates registered was 549, and good attendance was observed in all the sections with one exception, the Section on Medical Jurisprudence, Chemistry, and Psychology. The weather was clear and cool, and well adapted to enhance the pleasure of the visit and the enjoyment of the hospitalities of the citizens. Receptions were given by the members of the Buffalo Social Club, the Academy of Fine Arts, and the Academy of Natural Sciences. A *fête champêtre* was given by B. C. Rumsey, Esq., followed by a reception by Professor James P. White, on Thursday evening. The following afternoon there was a general excursion on the Canada Southern Railroad to Niagara Falls, with a supper at the International Hotel. Great credit is accorded to the committee of arrangements and that on entertainments for their care and foresight, and the ability and taste displayed in the management of the details of the session. General satisfaction and pleasure were experienced.

TUESDAY, June 4th. A large number of delegates, among whom were several ladies, were present at the opening of the meeting in St. James's Hall. The association was called to order by the president, Dr. T. G. Richardson, of Louisiana, and the proceedings began with prayer by the Rev. L. Van Bokkelen, D. D., of Trinity Church.

Professors Gross, Bowditch, N. S. Davis, Dr. J. M. Toner, and others, ex-presidents of the association, were invited to take seats on the stage, after which an address of welcome was read by Dr. Thos. F. Rochester, chairman of the committee of arrangements.

The thoughtful and suggestive address of the president, Dr. T. G. Richardson, attracted marked attention. After referring to the usefulness of the association of professional men from all sections for an expression and interchange of opinion, and the influence they were capable of wielding in their collective capacity, he referred in terms of gratification to the recent evidences of a gen-

eral desire in the profession for an elevation of the standard of medical education, and noticed the action of Harvard Medical School, the Chicago Medical College, and more recently of the University of Pennsylvania, in lengthening the term of study and adopting a graded course, as one of the most encouraging indications of the growth of a healthy popular sentiment. This reformation he believed to be due to the growth of professional interest in the subject, and to a better general appreciation of the relationship and responsibility of the medical colleges to the profession. This revolution which is taking place in the minds of medical teachers is almost entirely due to the public professional opinion which has been originated by the frequent discussions before this body. In order to increase this influence a more thorough organization of the state, county, and district societies, by which the sixty thousand physicians of the United States may be brought into vital connection with the American Medical Association, is eminently desirable, and a plan to further this end deserves immediate consideration.

In order to stimulate original investigation the president urged that the association should offer annual prizes of not less than two hundred and fifty dollars each for strictly original contributions to medical or surgical progress. He referred to the labors of the members in behalf of state medicine since ten years ago. At that time not a single state health association existed; now there are twenty of them organized and working. He declared that the scope of state medicine, in brief, may be considered as including public hygiene, medical education and medical jurisprudence, and the control and sustentation of public institutions for the sick and infirm. With such an extended field, it is remarkable that the preparation of medical officers for this work is almost totally neglected by our institutions of learning, in view of the fact that such deplorable ignorance prevails in the community in regard to sanitary law. Since the hope of progress in state medicine lies in the education of the people, it was recommended to publish an address showing the importance of the subject, copies of which should be sent to the state medical societies for distribution. The establishment by the national Congress of a national council of health was strongly advocated, whose chief officer should be a member of the Cabinet of the United States. Dr. Richardson also recommended that the state medical societies continue their endeavors to establish boards of health; and, finally, that the American Medical Association should be incorporated.

Upon motion of Professor Gross, a committee, consisting of the president and four of his immediate predecessors, was appointed to consider the recommendations contained in the address in reference to medical education, prize essays, state medicine, and hygiene.

Reports were received from Dr. Wm. Brodie, delegate to the last meeting of the Canada Medical Association, Dr. Sayre, delegate to the British Medical Association, and Drs. Marion Sims, Thomas Drysdale, and Edward Seguin, delegates to the International Medical Congress at Vienna, the latter urging the general adoption of the metric system and a universal pharmacopœia.

WEDNESDAY, June 5th. The Judicial Council presented a report dismissing certain charges made against delegates. It was decided in reference to the Hot Springs and Garland County Medical Society that a county

society loses its recognition by its severance from the state society. In regard to the charges against a delegate from the Michigan State Medical Society, that he was engaged in the instruction of homœopathic specialists, it was found that no ordinance was in existence in the Code of Ethics to prevent a delegate from aiding the graduation of students devoted to an exclusive dogma in medicine. Considerable discussion followed this report, and before any action could be taken the hour for the next business had arrived, and its consideration was postponed.

Prof. Henry H. Smith, chairman of the Section of Surgery and Anatomy, delivered the annual address on surgery, taking for his topic Certain Points in the Pathology of the Bones, in which he discussed the function of the medulla of the long bones, in the crasis of the blood and the genesis of the red blood corpuscle, and the relation of the same structure to diseases of the blood, especially to tubercle. The address attracted marked attention, and supported the view of the tubercular nature of Pott's disease and morbus coxarius.

Dr. Frank H. Hamilton, of New York, presented, at the request of the section on State Medicine and Public Hygiene, an abstract of a paper read before that section the previous day by Dr. E. Seguin, of New York, on the Intervention of Physicians in Education, which dwelt upon the present neglect of hygienic law in the management of school-children, and recommended that physicians should take a more active part in the control of school exercises and discipline. The ignorance of sanitary science displayed in the building and ventilation of school-houses was particularly dwelt upon. The following resolution, offered by Dr. Hamilton, was unanimously adopted:—

Resolved, That in the opinion of this association medical men ought to have a voice in the construction and location of public-school buildings; in the question as to the age at which children should be admitted, the hours of study, and the general management of these institutions. And to this end it is believed to be necessary that one or more intelligent physicians should be placed upon boards of education, boards of trustees, and upon other similar boards having the control of public education and schools.

The association next listened to the address on Obstetrics, by Dr. E. W. Jenks, of Detroit, in which he reviewed the many and varied causes of sudden death occurring in the puerperal state.

The following resolution was offered by Dr. Bronson, of Massachusetts:—

Whereas, By the report of the Judicial Council submitted this day, we are informed that the ethical code of this association is imperfect in that it does not recognize by its letter a conceded violation of the spirit of our profession in its relation to irregular medicine; therefore,

Resolved, That said council be instructed to submit to this association at their next meeting for its consideration an amendment to the code covering this omission.

It was on motion referred to the Judicial Council as a committee for further consideration, to report at the next meeting.

THURSDAY, June 6th. In the matter of the Washtenaw County Medical Society the Judicial Council decided that the Medical and Surgical Society of Ann Arbor, Michigan, was entitled to two delegates.

Dr. A. N. Bell, of Garden City, offered a resolution recommending that in consequence of the want of material for consideration before the Section on Medical Jurisprudence, Chemistry, and Psychology it be merged into that on State Medicine and Public Hygiene, and consolidated into one section, to be known as Section IV. This, being an amendment, was laid over, under the rule, until the next annual session.

Dr. N. S. Davis, of the Judicial Council, presented the following, which was also laid over:—

In obedience to the instructions of this association, the Judicial Council, acting in the capacity of a committee, have unanimously instructed me to report to your honorable body the following amendment and addition to paragraph 1, Article I., of the second division of the Code of Ethics, under the general heading, *Of the Duties of Physicians to each other, and to the Profession at Large*, and the special heading, *Duties for the Support of Professional Characters*; the same, when finally adopted, to be added at the end, and to constitute a part of said paragraph 1, of Article I. The proposed addition is in these words: "And hence, it is considered derogatory to the interests of the public and the honor of the profession for any physician or teacher to aid, in any way, the medical teaching or graduation of persons, knowing them to be supporters and intended practitioners of some irregular and exclusive system of medicine."

The annual report of the committee on necrology was presented by the chairman, Dr. J. M. Toner, of Washington, D. C. It included sketches of seventy-five physicians who had died since the annual meeting of 1877. Without being read the report was presented to the committee on publication.

The committee on Catalogue of National Library, not being ready to report, was continued.

Dr. A. L. Loomis, of New York, chairman of the Section on Practical Medicine, *Materia Medica*, and Physiology, was then introduced, and made a very able address, in which, among other topics, he considered the varieties of phthisis pulmonalis, catarrhal, fibrous, and tubercular, and reviewed the indications for the treatment, recommending the establishment of sanatoria for consumptives. It was on motion referred to the section for discussion.

Dr. James P. White offered the following, which was adopted:—

Resolved, That a committee of five be appointed to confer with General Myer upon the subject of making observations as to the existence of ozone in various localities, and to take such other steps and measures in the matter as may be necessary for the success of the object.

Dr. Huff, of West Virginia, read the following report of the committee on nominations, which, on motion of Dr. White, was unanimously adopted:—

After due consideration the committee on nominations respectfully report that they have nominated the following gentlemen for the various offices named, to wit: President, Theophilus Parvin, M. D., of Indiana. Vice-presidents, A. J. Fuller, M. D., of Maine; W. F. Westmoreland, M. D., of Georgia; John Morris, M. D., of Maryland; John H. Murphy, M. D., of Minnesota. Treasurer, Richard Dunglison, M. D., of Pennsylvania. Libra-

rian, William Lee, M. D., of District of Columbia. Committee on Library, John Eliot, M. D., of District of Columbia.

Next place of meeting, Atlanta, Georgia; time of meeting, the first Tuesday in May, 1879. Assistant secretary, Scott Todd, M. D., of Atlanta, Ga.

Committee of Arrangements: Dr. J. P. Logan, chairman; Drs. H. V. M. Miller, G. G. Crawford, H. L. Wilson, J. F. Alexander, J. M. Johnson, Charles Pinckney, V. H. Tallofero, J. T. Johnson, of Atlanta, Ga.

Committee on Prize Essays: Dr. Robert Battey, of Rome, Ga., chairman; Drs. J. G. Westmoreland, of Atlanta, Ga.; William A. Love, of Atlanta, Ga.; Robert Kidley, of Atlanta, Ga.; Henry F. Campbell, of Augusta, Ga.; J. H. Van Deman, of Chattanooga, Tenn.

Committee on Publication: Dr. William B. Atkinson, chairman; Drs. T. M. Drysdale, A. Fricke, S. D. Gross, C. Wister, R. J. Dunglison, of Pennsylvania, and William Lee, of District of Columbia.

The committee also reported the following nominations for chairmen and secretaries of sections for 1879:—

I. Practice of Medicine, Materia Medica, and Physiology: Dr. Thomas F. Rochester, of Buffalo, N. Y., chairman; Dr. W. C. Glasgow, of St. Louis, Mo., secretary.

II. Obstetrics and Diseases of Women and Children: Dr. E. S. Lewis, of New Orleans, chairman; Dr. J. R. Chadwick, of Boston, Mass., secretary.

III. Surgery and Anatomy: Dr. Moses Gunn, of Illinois, chairman; Dr. J. R. Weist, of Indiana, secretary.

IV. Medical Jurisprudence, Chemistry, and Psychology: Dr. William M. Compton, of Mississippi, chairman; Dr. L. M. Eastman, of Maryland, secretary.

V. State Medicine and Public Hygiene: Dr. John S. Billings, of District of Columbia, chairman; Dr. J. T. Reeve, of Wisconsin, secretary.

Alabama, Jerome Cochran; Arkansas, W. B. Welsh; California, W. F. Cheeny; Colorado, C. Dennison; Connecticut, C. A. Lindsley; Delaware, William Marshall; District of Columbia, T. Antisell; Georgia, J. W. Bailey; Illinois, H. A. Johnson; Indiana, James F. Hibbard; Iowa, J. A. Blanchard; Kansas, D. W. Stormont; Kentucky, S. Brandeis; Louisiana, Sanford E. Chaillé; Maine, A. P. Snow; Maryland, T. B. Evans; Massachusetts, H. I. Bowditch; Michigan, H. B. Baker; Minnesota, C. P. Adams; Mississippi, Wort Johnson; Missouri, Jacob Geiger; New Hampshire, G. P. Conn; New Jersey, E. M. Hunt; New York, A. W. Bell; Ohio, J. C. Reeve; Pennsylvania, Benjamin Lee; Rhode Island, E. M. Snow; South Carolina, R. A. Kinlock; Tennessee, T. A. Acheson; Texas, H. W. Brown; Virginia, F. D. Cunningham; Vermont, L. C. Butler; West Virginia, E. A. Hildreth; Wisconsin, J. T. Reeve; Florida, G. W. Betton; North Carolina, C. J. O'Hagen; U. S. Army, J. Smith, of Fortress Monroe; U. S. Navy, J. Wilson, of Washington; Oregon, H. Carpenter.

Committee on Necrology: J. M. Toner, M. D., of the District of Columbia, chairman. California, Henry Gibbons; Alabama, J. S. Weatherby; Arkansas, R. G. Jennings; Connecticut, G. W. Russell; Delaware, L. P. Buck; Colorado, R. G. Buckingham; District of Columbia, W. W. Johnson

Georgia, T. S. Hopkins ; Illinois, J. H. Hollister ; Indiana, John Moffitt ; Iowa, C. C. Bradley ; Kentucky, L. P. Yandell ; Maine, E. F. Sanger ; Massachusetts, J. R. Bronson ; Maryland, J. H. Hartman ; Michigan, W. F. Beakley, Minnesota, C. C. Cross ; Missouri, A. J. Steele ; New Jersey, John Blane ; North Carolina, N. J. Pitman ; Louisiana, Samuel Logan ; New York, J. P. Gray ; Ohio, Thad. H. Leamy ; Oregon, — — — ; Pennsylvania, Thomas H. Helsby ; Rhode Island, C. H. Fisher ; South Carolina, Manning Simmons ; Tennessee, Thomas Menees ; Texas, J. H. Stalnaker ; Virginia, L. S. Joynes ; Wisconsin, D. Mason ; Vermont, O. F. Fassett ; Mississippi, P. F. Whitehead ; Kansas, C. V. Mattram ; New Hampshire, L. G. Hill ; West Virginia, R. W. Hazlett ; U. S. Army, J. J. Woodward, Washington ; U. S. Navy, Joseph Wilson, Washington ; Nebraska, J. H. Peabody.

Judicial Council: To fill a vacancy caused by death, John P. Gray, of Utica, N. Y. In place of the seven whose terms expire at this meeting: D. A. Linthicum, of Arkansas ; Foster Pratt, of Michigan ; A. Woodward, of Connecticut ; J. M. Toner, of District of Columbia ; J. H. Van Deman, of Tennessee ; S. M. Benham, of Pennsylvania ; R. N. Todd, of Indiana.

All of which is respectfully submitted.

J. M. TONER, Chairman.

JOHN C. HUPP, Secretary of the committee.

Professor Davis, of Chicago, presented the following majority report of the special committee on the recommendations contained in the annual address of President Bowditch, delivered in Chicago last year, in which he urged the establishment of a general board of health as the indispensable initial measure in any systematic effort to inaugurate State medicine in any of the States of the Union. The excellent reports of Dr. C. F. Folsom, of the State Board of Health of Massachusetts, were referred to as embodying all the information concerning the real progress made in regard to the final disposal of sewage up to the present period.

MAJORITY REPORT.

So much of the recommendations made in the address of ex-President Bowditch as related to the revision of the United States Pharmacopoeia was definitely disposed of by the action of the association at its last annual meeting. The remaining recommendations relate chiefly to alterations of the constitution in relation to membership and the ratio of representation from state and local medical societies, and to changes in the by-laws regarding the working of the several sections. The recommendation of the last annual address concerning the permanent membership of the association would require such changes in Article II. of the constitution as to make the permanent members consist of all those members of the profession who were regular members of the several state medical societies, and to remain such so long as they remained members in good standing of their respective state medical societies.

And to change the ratio of representation so as to read that "each State, county, and district medical society entitled to representation shall have the privilege of sending to the association one delegate for every twenty of its resident members," etc., instead of one for every ten, as heretofore. The idea

briefly stated is, that the nominal membership, under the name of permanent membership, should embrace as nearly as possible all the regular practitioners of the United States in good standing with the respective state medical societies, while the annual meetings of the association should be made smaller and more select by requiring twenty instead of ten members as the number entitled to appoint a delegate. After a careful examination of the whole subject, the undersigned members of your committee do not deem it wise to adopt the changes proposed for the following reasons:—

(1.) There is at present no uniformity in the plans of organization of the several state medical societies. In some of them all who become members of the county and district medical societies are recognized as members also of the state society. In others the membership is purely representative, consisting exclusively of delegates elected by the county societies of the State. In still others it is mixed, consisting partly of delegates from local societies and partly of members elected from year to year by vote.

And in one or more instances the state medical society is substantially an annual mass meeting, consisting of such regular practitioners as choose to attend and participate in the work of the society. Thence to adopt the whole membership of the several state medical societies as the permanent membership of this association would be to render it so unequal in the different States, and withal so changeable and uncertain, as to be of no practical value. The present mode of obtaining permanent membership by first serving as a delegate selected by some state or local society, affords some guarantee, both of fair professional ability and of personal interest on the part of the member, and yet accumulates members in a nearly equal ratio in all parts of the country where local organizations exist.

(2.) So long as all the important scientific work of the association is done in the several sections, and all its ethical or judicious business in an organized council, leaving only the social and general supervisory interests of the profession to the general sessions, there can be no important practical advantage in lessening the number of delegates to each annual meeting. On the contrary, the larger the number that annually assemble the greater will be the influence diffused through the profession, and the more ample the fund in the treasury for printing the transactions and promoting the scientific work of the association. The recommendation in the address covering the working of the sections aims at the accomplishment of two objects, namely, the securing of a higher grade of papers for the consideration of the sections and their announcement long enough before each annual meeting to become known to the profession at large, and a closer scrutiny of all papers and reported discussions before their transmission to the committee on publication.

To accomplish the first, it is proposed to have a standing committee of five members, selected by the Judicial Council, the term of office of one of whom shall expire each year, the vacancy to be filled by the council, so that after the first four years each member of the committee would hold his position five years. The duty of this committee will be to solicit from able and eminent members of the profession papers and communications on important subjects, sufficient to constitute the basis of the work of each section annually, and to publish the

list for each year in time both to become generally known to the profession and to be incorporated in the programme of each meeting by the committee of arrangements.

To accomplish the second, it is proposed that all reports and papers submitted to the sections, whether read wholly or by abstract, shall be subjected to the examination of experts, whose names shall be unknown to the profession, and shall receive their sanction before they can be transmitted to the committee on publication. In the amendments to the by-laws proposed by Dr. S. C. Busey, and now pending for the consideration of the association, it is proposed to accomplish the same object by a committee of three, on essays, appointed by each section.

While the by-laws as they now exist make it the duty of each section to refer all papers and reports presented to them which cannot be fully considered, or about which there may be some doubts, to special sub-committees, who have thirty days for making the necessary examinations and return of the papers to the permanent secretary with their written recommendations covering them, the present by-laws also define clearly the rules that should govern the sections and their sub-committees in the disposal of papers. If the officers and members of each section would make themselves familiar with the by-laws and ordinances as they now are, they would be found simple in method, fully guarding against hasty and injudicious references to the committee of publication, yet sufficiently liberal to encourage rather than repress voluntary contributions, especially relating to original investigations, from the younger members of the profession.

The changes proposed, both in the recommendations of Dr. Bowditch and the proposed amendment of Dr. Busey, would render the workings of the sections more complex, and if carried into practical effect would tend strongly to discourage volunteer papers from the young, who have most time and ambition for original investigation, by giving the solicited papers from those who were already eminent in the profession the preference. And yet, even the most eminent in our ranks would be found to furnish very few papers if they were required to comply literally with the proposed rules to send their papers to a committee in advance of the annual meetings, and then have them transferred directly to the hands of unknown experts for further criticism afterwards. After a careful review of the whole subject, aided by many years of careful observation in the two sections of the association, the undersigned would recommend no change in the present by-laws and ordinances regulating the working of the association, except the striking out of the paragraph in Section II. of the by-laws, commencing with "Papers appropriate to the several sections," etc., and inserting in its place the following:—

"It shall be the duty of every member of the association who proposes to present a paper or report to any one of the sections to forward either the paper or a title indicative of its contents and its length to the chairman of the committee of arrangements, at least one month before the annual meeting at which the paper or report is to be read. It shall also be the duty of the president and secretary of each section to communicate the same information to the chairman of the committee of arrangements concerning such papers and reports as

may come into their possession or knowledge for their respective sections the same length of time before the annual meeting. And the committee of arrangements shall determine the order of reading or presentation of all such papers, and announce the same in the form of a programme for the use of all members attending the annual meeting. Such programmes shall also contain the rules specified in the by-laws and ordinances concerning the consideration and disposal of all papers in the sections."

All of which is respectfully submitted.

N. S. DAVIS.

S. D. GROSS.

BUFFALO, June 4, 1878.

The following minority report was then read by the ex-president, Dr. Bowditch, of Massachusetts:—

MINORITY REPORT.

The undersigned still holds to the opinion that the submission to trained experts of all papers read or presented to the various sections of the association would tend to make our published transactions more interesting, and vastly to increase their scientific merits, although perchance making them less bulky.

He believes, moreover, that some other of the amendments suggested by him would ultimately be of service to the association.

He admits the cogency of the arguments of the majority of the committee in regard to permanent membership.

He still adheres to the idea that the time spent in discussions in regard to the by-laws in any scientific body is commonly so much time wasted which should be spent in more congenial and appropriate work, and that no changes, even though deemed very important by a few, should be made in the organic law, if they do not meet with favor with a large majority of the body.

And, finally, in full confidence that our present by-laws, if the chairmen and secretaries of the sections and of the committee of arrangements will do thoroughly their respective duty, as well as the meetings of this association and its transactions, will annually grow better as they have done in the past, the undersigned will not oppose the report of the majority of the committee.

HENRY I. BOWDITCH.

The majority report was adopted unanimously.

Dr. J. E. Cabell, of Virginia, chairman of the Section on State Medicine, then delivered an able address.

In regard to infectious diseases, the theory of a *contagium vivum* was well defended, with especial mention of the recent labors of Tyndall and Roberts, and the earlier teachings of Professors J. K. Mitchell of Philadelphia, Henle, and Dr. Curdwell in England. The application of the doctrine not only to certain infectious fevers, in which its presence is demonstrable, but also to other similar diseases, was considered legitimate, warrantable, and as adequate to explain the phenomena.

Dr. Sayre asked that the secretary place him on record as opposed to the resolution adopted last year, which declared that a fracture of any of the long bones could not occur without shortening. His request was granted.

FRIDAY, June 6th. After the reading of communications from the committee of arrangements, the reports of the various sections were received and referred. On motion of Dr. Scott, of Ohio, the amendment laid over from last meeting in regard to the establishment of a Section on Ophthalmology, Laryngology, and Otology was unanimously adopted, Professor Knapp, of New York, being appointed chairman, and Dr. Scott, of Ohio, secretary.

The following committee was appointed by the president to consider the subject of ozone: Prof. N. S. Davis, of Chicago, chairman: Drs. J. S. Billings, U. S. A.; W. N. Giddings, South Carolina; J. M. Toner, District of Columbia; and S. M. Bemis, South Carolina.

By a resolution offered by Dr. J. G. Hibbard, of Indiana, the committee of necrology was directed to notice the deaths of members of the association only.

On motion of Dr. A. N. Bell, of New York, the committee appointed ten years ago for the organization of state boards of health was continued. Dr. Atkinson reported that such boards had been established in nineteen States of the Union.

A communication was read from the Pennsylvania State Medical Society, recommending the metric system, and stating that that body had adopted it in their transactions.

The committee on securing medical uniformity in Europe, consisting of Drs. Sims, Drysdale, and Seguin, was continued.

In conformity with a resolution offered by Prof. N. S. Davis, a committee was appointed for the consideration of the practicability of establishing sanitarium for consumptives, and the more general utilization of our mineral springs, as recommended in the president's address. Prof. H. I. Bowditch, of Massachusetts, Drs. A. N. Bell, New York, J. L. Cabell, Virginia, S. E. Chaillé, Louisiana, and Chas. Denison, Colorado, were named by the president as the committee. He also appointed the following delegates to foreign societies: to European societies, Drs. Sims, Drysdale, Seguin, Daly, Halberstadt, Levis, and W. H. Pancoast; to the Canadian Medical Association, Drs. Brodie, Todd, Brush, and Clarke.

The Section on Psychology recommended the passage of certain resolutions, which were accordingly adopted, defining the legal status of the insane, asserting the right of insane patients to be treated at their own homes, and justifying the exercise of such remedial restraint as may be deemed necessary under state surveillance.

The address of Dr. Walter Kempster, chairman of the Section on Medical Jurisprudence, Chemistry, and Psychology was chiefly devoted to the study of local tissue changes in the brain, accompanying insanity and paralysis. The conclusions of Hughlings Jackson, Ferrier, and others agreed in the main with the lesions he had discovered in such cases, favoring the view of the localization of impressions in the brain; the convolutions in the anterior or emotional part of the hemispheres he frequently found to be the site of disease in cases of insanity.

The treasurer, Dr. Dunglison, reported a balance of \$2446.02. An appropriation of five hundred dollars was made as an honorarium for the permanent secretary.

The committee on prize essays recommended that both prizes should be awarded to an essay upon the surgical relations of the carotid, subclavian, and innominate arteries, presented by Dr. John A. Wyeth, of New York.

The report of the librarian recommending that Dr. Toner be added to the committee and that two hundred dollars be appropriated for the expenses of the library, it was, on motion, so ordered.

The proposals for the formation of a section on neurology and electrology, and one on dermatology and syphilis, were laid over under the rules.

Dr. J. M. Toner offered a series of resolutions *in memoriam* of Professor Henry, of Washington, which were adopted.

The amendments proposed at the last meeting by Dr. N. S. Davis, of Chicago, were adopted as follows:—

“Strike out all of third paragraph, Section VIII., ‘It shall be the duty of every member of this association, who learns that any existing medical school departs from the published conditions of graduation, to report the fact at the annual meetings; and, on proof of the fact, such school shall be deprived of its representation in this body.’

“Strike out all of second paragraph, Section IX., ‘This association recognizes as a “regular organized” medical college one that has been represented at any meeting, and that complies with the rules and directions found in the published Transactions, vol. xiii., page 33.’”

The proposed amendment in reference to the election of officers and change of organization was laid over to the next meeting.

Professor Richardson introduced Dr. Parvin, the president-elect.

(To be concluded.)

FEMALE MEDICAL STUDENTS AT HARVARD.

IN the admirable address of Dr. Minot, which we present to-day to our readers, allusion is made to the proposed admission of women to the medical department of the university. At the risk of wearying our readers with the woman question we propose to show why, in our opinion, it would not be desirable to adopt this plan of co-education of the sexes. In the first place, on moral grounds alone the faculty might hesitate to advise this step. Although the women who would attempt the somewhat rigorous course of instruction might not be numerous, it would nevertheless be impossible to avoid an indiscriminate mingling of the sexes in the dissecting or autopsy rooms, and in the amphitheatres, to witness exercises which justly have hitherto been thought of a character to be witnessed by one sex alone. The proprieties of these places have, in this city at least, been preserved with a somewhat jealous care; all but medical men and students have been rigorously excluded from the operating theatre, and careless exposure of female patients is scrupulously avoided. The discipline of the clinics is an important element in the course of instruction, and is not without a powerful bearing upon the future professional character of the student. One at least of the decencies of these places must be abandoned if we permit both sexes to visit

them simultaneously, or the medical instruction as it is now conducted must be seriously curtailed.

This leads us to that part of the question with which the school is more particularly concerned, namely, the direct injury to its present system of education. The great work which the college is now carrying through has involved radical changes in the old methods of instruction. Lecturing, as has been well said, has given place to *teaching*, and to carry out this plan effectually the number and variety of exercises have been greatly increased. The faculty are now introducing the preliminary examinations, and it is proposed before long to take the venturesome step of adding a fourth year to the course; in short, to carry the new system to its highest degree of perfection. In aid of these efforts Harvard is receiving the warm sympathy and respect of teachers throughout the land, many of whom yearn to emulate its example. It would seem that the school has a sufficiently difficult problem to work out, and, in view of the wretched character of the old and still largely dominant system, one of vital importance to the cause of medical education, without attempting an experiment which may so hamper its efforts as to postpone indefinitely the results for which it is now striving. We fear the prestige which now surrounds the medical department of the university, earned by its contempt for popular schemes for attracting students as well as for its rigid adherence to a scientific system, would be sadly dimmed in the eyes of those who would see in this a bid for popular sympathy, or a disposition on the part of the faculty to risk for a tempting prize its grand schemes for medical education.

MEDICAL NOTES.

— "In the United States, with a population of 44,874,814, there are 62,383 doctors, or one doctor to every 600 persons. In France the population is 36,100,000, the physicians 19,902,—one doctor to every 1814 persons. Great Britain, with a population 32,412,010, has 19,385 doctors,—one to every 1672 persons. In the German empire there are 13,686 doctors, and 41,060,695 inhabitants,—one doctor to every 3000; in the Austro-Hungarian empire, population 35,904,435, and 14,361 doctors,—one to every 2500 persons. In Canada, with a population of 3,575,577, there are 2,998 doctors, or one to every 1193 individuals."

— Bouchardat and Gubler have been very active in organizing an International Hygienic Congress, under the patronage of the French government. The congress meets during the Exhibition.

— Neumann, of Vienna, after extensive trials of chrysophanic acid (derived from goa powder) in the form of ointment, says it is an excellent remedy for herpes tonsurans, pityriasis versicolor, and psoriasis vulgaris; even inveterate forms of psoriasis can be abolished by this means.

— The *Record*, noting the death of a French student from small-pox contracted at his hospital, reëchoes the demand of the French journals that all students should be revaccinated, by suggesting that such a plan would not be amiss among our students.

LETTER FROM BUFFALO.

MR. EDITOR. — I know of nothing which seems to me more unwise than the feeling on the part of many of the junior members of the Massachusetts Medical Society, that, because a gross insult was offered to the Massachusetts delegation some eight or ten years since, therefore they and all gentlemen from Massachusetts should hereafter keep aloof from every meeting of the American Association. I know very well that this feeling is still encouraged by some few influential older leaders of the profession, but I am thankful to see that their influence is waning in this matter.

In order to promote a cordial reunion of Massachusetts with the rest of the States, like that which existed when the late Dr. John C. Warren presided at our meetings, I write this note from Buffalo. We have had a delightful and most profitable time. Many excellent papers have been read. No want of harmony has been manifested. The sections have debated well. I heard at the Section on State Medicine a very interesting discussion by Jacobi and others on Diphtheria, its relations to croup, etc. Yesterday, in the Section on Practical Medicine, I saw a patient who had been operated upon by the injection of thirty minims of Squibb's fluid extract of ergot into a goitre (fifteen minims into each lobe), which protruded a few months since to the line of the front part of the chin. At my examination yesterday, I found not a trace of the tumor. Only a dense tissue seemed around the trachea, causing no inconvenience, and imperceptible save to minute manipulation, for the eye could discover nothing of importance.

The receptions have been most pleasant, by Dr. and Mrs. James P. White, the Buffalo Club, the Fine Arts Association, and the Society of Natural Sciences. Last evening the superb mansion and grounds of Mr. Bronson Rumsey were thrown open. The house contains many very excellent paintings and some of the finest bronzes. The grounds are very extensive. They were lighted in every direction with colored lanterns. The fountain was playing, cascades were falling over apparently natural rocky beds, and pretty winding by-paths were found filled by persons of both sexes and of every age. I assure you that as I stood beside the lake, on which were many party-colored boats filled with gay youth, I could imagine myself in France or Italy, rather than in the midst of an American city; for all the arrangements from the terrace upon which the parlor opens, and which was brilliantly lighted and filled with men and women in rich attire, to the model of the Temple of Vesta at Tivoli, upon the most prominent part of the grounds, reminded me more of Europe than of America. In fact I was constantly reminded of the graceful and gay scenes so well preserved to us by Watteau.

In the choice of our president I think we were very successful in getting the able and excellent man and hard worker, Dr. Parvin, of Indiana. He has been thought of for the office for some time, and he was carried into the chair with great unanimity. Some would have liked to see Dr. Austin Flint, Sr., placed there, because he has labored for the association when asked to do so, and I suppose I may say he stands *facile princeps* as the representative of American medicine, not only in America but throughout Europe, and is

beloved and respected by the whole profession. Others, again, urged the just claims of our host, Dr. White, preëminent as he is in one and a most important department of medical practice.

On Friday afternoon about six hundred ladies and gentlemen started in a special train for a trip to Niagara Falls. The excursion was finely conceived and admirably carried out by the committee of arrangement. We went down on the Canada side, passing around in front of both falls. At the Clifton House some took carriages and others walked over the new suspension bridge to the American side, and had views from Goat Island and its bridges of the rapids. A collation was provided at the International Hotel, and saving a delay of about two hours, caused by some unforeseen derangement of the trains, the excursion was a perfect success. We reached Buffalo at about eleven P. M. As usual, I have gained the acquaintance, and at times friendship, of persons never known before. It has always been so, and it is, as I deem it, one of the most useful as well as most delightful features of our annual reunions.

It was intimated recently at a meeting of the councilors of the Massachusetts Medical Society that it was hardly fit to amend our by-laws so as to make it incumbent on the various committees for nominations of officers to select annually delegates to the American Medical Association, because, as the opponent said, "one can't tell how long that body will continue in existence!" This recent meeting presents two cogent arguments against that absurd statement: (1.) As usual, as for many years past, we had at Buffalo about six hundred delegates and permanent members from nearly, if not quite, all of the States. (2.) The treasurer's report says we had received about *two thousand dollars more than our expenses!* Yours truly, HENRY I. BOWDITCH.

COMPARATIVE MORTALITY-RATES.

	Estimated Population, July 1, 1878.	Deaths during week ending June 1, 1878.	Annual Death-Rates per 1000 living.		
			For the Week.	For the Year 1877.	Mean for ten Years, '68-'77.
New York.	1,093,171	454	21.59	23.42	28.71
Philadelphia.	876,118	248	14.72	18.80	21.54
Brooklyn.	549,438	176	16.66	21.51	25.50
Chicago.	460,000	102	11.53	17.83	22.39
Boston.	375,476	139	19.25	20.10	24.34
Providence.	100,000	38	19.76	18.81	19.20
Lowell.	55,798	22	20.50	19.09	22.50
Worcester.	54,937	20	18.94	14.07	22.30
Cambridge.	53,547	9	8.74	18.69	20.83
Fall River.	53,207			1.35	24.96
Lynn.	35,528	18	26.36	0.42	19.67
Springfield.	33,981	9	13.78	6.02	19.77
Salem.	27,140	6	11.49	0.38	21.15

HOSPITAL VENTILATION.

MR. EDITOR, — C. L. A., of Santa Cruz, Cal., in your JOURNAL of May 30, 1878, expresses surprise at criticisms made by J. L. B. on Dr. Wylie's essay on Hospitals, and asks to be enlightened. Let him read up on the law of diffusion of gases. He will thank you if you should call his attention to an article on this subject in the June number of the *Boston Journal of Chemistry*.

Yours truly,

E. A. CARPENTER.

PLATTSBURGH, CLINTON CO., N. Y., June 3, 1878.

AMERICAN NEUROLOGICAL ASSOCIATION. — The (adjourned) fourth annual session of this association will be held on Wednesday, June 19th, at two o'clock P. M., in the lower lecture room of the College of Physicians and Surgeons, Twenty-Third Street and Fourth Avenue, New York, and will continue three days.

J. S. JEWELL, M. D., President.

E. C. SEGUIN, M. D., Recording Secretary.

BOOKS AND PAMPHLETS RECEIVED. — Dislocation of the Shoulder-Joint, caused by Muscular Spasm of Six Months' Standing, successfully reduced. Dislocation of the Femur on the Dorsum Ilii, in a Boy Six Years of Age, reduced by Manipulation. By A. B. Cook, A. M., M. D. (Richmond and Louisville Medical Journal.)

Tumor of the Male Breast and Cyst of the Neck. By J. H. Pooley, M. D. (Ohio Medical and Surgical Journal.)

Is Phthisis Pulmonalis Contagious, and does it belong to the Zymotic Group? By W. H. Webb, M. D. 1878.

Eighteenth Annual Announcement of the Bellevue Hospital Medical College. Sessions of 1878-1879. With catalogue.

Laparo-Elytrotomy: A Substitute for the Cæsarean Section. (American Journal of Obstetrics.) Comparison of the Results of the Cæsarean Section and Laparo-Elytrotomy in New York. The Intra-Venous Injection of Milk as a Substitute for the Transfusion of Blood, illustrated by Seven Operations. By T. Gaillard Thomas, M. D. (New York Medical Journal.)

Fluid Extracts by Repercolation. By Edward R. Squibb, M. D., Brooklyn, N. Y. (From the American Journal of Pharmacy, May, 1878, with additions.) Philadelphia. 1878.

A New Treatment for Spine Diseases. By Meigs Case, M. D. (Cincinnati Lancet and Observer, May, 1878.)

A Contribution to the Therapeutics of Migraine, Post-Paralytic Chorea, Localized Cerebral Lesions, Pathological Anatomy of Disseminated Cerebro-Spinal Sclerosis. Dr. E. C. Seguin. New York. 1878.

Old Age: Its Diseases and its Hygiene. By Lunsford P. Yandell, M. D. Louisville, Ky. (American Practitioner, February, 1878.)

Eulogy upon Lunsford P. Yandell, M. D. By Theodore S. Bell, M. D. Louisville, Ky. (American Practitioner, April, 1878.)

How to save the Perinæum. A New Use of the Obstetric Forceps. An Improved Instrument. By Edward Warren Sawyer, M. D., Lecturer on Obstetrics and Diseases of Children, Rush Medical College, Chicago. (Chicago Medical Journal and Examiner, May, 1878.)

Recent Progress in Dermatology. By James C. White, M. D.

The New York Herald's Atlantic Weather Service and Mansill's Planetary Meteorology. Second Annual Report of the State Board of Health of the State of Wisconsin. Madison, Wis.: David Atwood. 1878.

Metric Weights and Measures for Medical and Pharmacal Purposes. Marine Hospital Service. Washington: Government Printing Office. 1878.

A Practical Treatise on Aural Surgery. By H. Macnaughton Jones, M. D., M. C. H., etc. Philadelphia: Lindsay & Blakiston. (For sale by A. Williams.)

Die Heilkräfte der Sogenannten indifferenten Thermen insbesondere bei Krankheiten des Nervensystem. Historisch-kritische Vorträge im Collegenkreise. Von Dr. Wilh. Theodor v. Benz. Tübingen. 1878.